

PART E: EXCLUSIONS

The policy does not provide Benefits for expense resulting from:

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
2. Dental treatment, except as specifically provided in the Benefits Schedule.
3. Treatment where no Injury or Sickness is involved (physical or preventive medicines); or Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury.
4. Motor Vehicle Accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan; Injury occurring while an insured is operating a motor vehicle without a valid USA state motor vehicle operator's license. Motor Vehicle Injury Benefit Limit is shown on the Benefits Schedule.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Outpatient Prescription Drugs.
8. Injury sustained while participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition.
9. Intentional self-inflicted injuries, including drug overdose, unless such Injury results from a medical condition, mental or nervous or substance abuse disorder, or an act of domestic violence; Loss incurred while committing or attempting to commit a felony; or Loss due to voluntary participation in a riot or civil disturbance.
10. Routine newborn baby care, well baby nursery and related Physician's charges.
11. Services provided normally without charge by the Health Center of the Policyholder, or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment of Mental and Nervous Disorders and Substance Abuse, except as specifically provided in the Benefits Schedule.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; all organ transplants and related services.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions not subject to Credit for Prior Coverage, for a period of twelve (12) months.

PART F: DEFINITIONS

Elective Surgery and Elective Treatment means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage. Elective Surgery includes but is not limited to: tubal ligation, circumcision, vasectomy, breast reduction, sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; temporomandibular joint dysfunction (TMJ); cosmetic procedures; and submucous resection and/or other surgical correction for deviated nasal septum, other than for treatment of covered acute purulent sinusitis. Elective Treatment includes but is not limited to: allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities, and weight reduction.

Injury means accidental bodily injury or injuries directly caused by specific accidental bodily injury with another body or object while Your coverage is in force. It is unrelated to any pathological, functional, or structural disorder or Injury resulting directly and independently of all other causes, in Loss cov-

ered by the Policy. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Pre-Existing Condition means any condition (a) that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the twelve (12) months immediately prior to an insured's Effective Date of coverage; (b) for which medical advice diagnosis, care or treatment was recommended or received within the twelve (12) months immediately prior to an insured's Effective Date of coverage; or (c) a pregnancy existing on the Insured's Effective Date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group: health benefits plan, insurance policy or certificate, service contract or HMO contract, or any government health benefit plan.

Sickness means Your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition. Sickness includes pregnancy, Complications of Pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charges (U&C) means charges for medical services or supplies for which You are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges are determined by referencing the 50th percentile of the most current survey published by Medical Data Research (MDR) for such services or supplies. The MDR survey is a product of Ingenix, Inc., formerly known as Medicare.

CLAIMPROCEDURE

Secure a claim form from the School Office or from the Servicing Agent, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

STUDENTASSURANCESERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is: (800) 328-2739. The Student Assurance Services, Inc. website is: www.sas-mn.com

HOW TO ENROLL

All eligible students will be automatically enrolled in the plan at registration and the premium will be added to their tuition billing.

For specific costs and further details of the coverage, including exclusions, reductions or limitations, contact the Servicing Agent or write the Plan Administrator.

Keep this certificate as your summary of coverage — no individual policy will be issued — a master policy #17-64-0177-025-614-3 is issued to the institution. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this certificate and the Master Policy. PRIVACY POLICY: You may obtain a detailed copy of Columbian Life's privacy policy from your school, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

Policy Form 9F138F-CL CERTIFICATE OF COVERAGE

ACCIDENT AND SICKNESS INSURANCE PLAN

Designed For Students Attending

**GRAMBLING
STATE
UNIVERSITY**
2003-2004

Administered by



Underwritten by



**COLUMBIAN LIFE
INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. Box 1381 • BINGHAMTON, NY 13902-1381

Servicing Agent
Lyman Agency, Inc.
2121 Airline Drive, Suite 301
Metairie, LA 70001
Phone (504) 828-0208

9F141F-CL

O-177LA

Dear Student:

The administration is making available to the students, a plan of Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or illness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:
Lyman Agency, Inc., 2121 Airline Drive, Suite 301,
Metairie, LA 70001. Phone (800) 257-7117.

ELIGIBILITY

All students enrolled for classes at Grambling State University, excluding faculty and staff members, are eligible to enroll in the plan. Eligible students will be enrolled in the plan at registration and the premium will be added to their tuition. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Servicing Agent should be notified at that time by the student.

EFFECTIVE & EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date (08-22-2003); or the first day of the term for which you are registered. All coverage expires on 08-22-04, or the last day of the term for which you were registered.

CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to "pre-existing" health conditions:

- If, at the time of enrollment, you have not been covered by prior creditable coverage, this policy will not cover pre-existing conditions until you have continuous coverage for twelve months under this policy.
- If you were covered by prior creditable coverage any time within the last twelve months and you enroll in this plan within 63 days of having coverage under the previous plan, credit will be given for each month of creditable coverage toward satisfaction of the twelve month waiting period for pre-existing conditions. To obtain credit for previous coverage, you must provide evidence of "prior creditable coverage" within 30 days of enrollment in this policy.

PORTABILITY OF COVERAGE

Insured persons who are covered by this policy until: (a) they are enrolled in another institution; or (b) the Policy Expiration Date, will not experience a break in coverage if the other institution maintains a master policy with Columbian Life. Enrollment in the other institution's policy and initial premium payment must occur: (c) within 31 days after becoming eligible for coverage; and (d) no more than 45 days after the Policy Expiration Date.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, the Policy will provide benefits for the Usual and Customary (U&C) Charges incurred as scheduled below, up to a Maximum Benefit for each Injury of \$1,500, or each Sickness of \$2,500. Students must obtain a referral from the Health Center (during business hours) before receiving treatment outside of the Health Center. No benefits are payable for services received at the Health Center.

PART A: BASIC INJURY AND SICKNESS BENEFITS

COVERED SERVICES

I. Inpatient

	Semi-private rate	Semi-private rate
a. Hospital Room and Board		
b. Hospital Miscellaneous (including the cost of the operating room; laboratory tests; x-rays; anesthesia; drugs - not take home drugs; therapeutic services; and supplies)	U&C	\$1,000
c. Surgical Treatment (in accordance with the MDR Survey, 50th percentile)	U&C	\$1,000
d. Anesthetist	U&C	20% of Surgical Treatment
e. Physician's Non-Surgical Visits (1 visit/day, not paid day of surgery)	U&C	\$50 per visit
f. Registered Nurse	Paid under I. a.	Paid under I. a.

II. Outpatient

a. Hospital Outpatient Surgical Miscellaneous (includes operating room; x-rays and Services and Supplies)	U&C	\$1,000
b. Surgical Treatment (in accordance with the MDR Survey, 50th percentile)	U&C	\$1,000
c. Anesthetist	U&C	20% of Surgical Treatment
d. Physician's Non-Surgical Visits (1 visit/day, not paid day of surgery)	U&C	\$50/visit, up to 5 visits
e. Physical Therapist (within 30 days following surgery)	U&C	Paid under II. d.
f. Hospital Emergency Room (when medically necessary)	U&C	\$100
g. Diagnostic X-rays & Laboratory Services	U&C	\$100

III. Other

a. Ambulance Services (ground service only)	U&C	\$150
b. Consultant Physician (when requested by attending Physician)	U&C	\$50
c. Dental Treatment (Injury Only, includes x-rays)	\$200/tooth	No Benefit
d. Mental and Nervous Disorders	Not Applicable	Same as any Sickness
e. Maternity Benefits (conception must occur while coverage is in force)	Not Applicable	Same as any Sickness
f. Motor Vehicle Injury	Same as any Injury	Not Applicable

PART B: MEDICAL EVACUATION AND REPATRIATION

Medical Evacuation: following hospital confinement for 5 or more days, for medical evacuation to the student's home country or a better equipped hospital enroute. Up to \$10,000 when pre-approved

Repatriation: for preparation and return of a deceased student to his/her home country Up to \$7,500 when pre-approved

PART C: ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death/Double Dismemberment	\$2,000
Single Dismemberment (Arm or Leg)	\$1,500
Single Dismemberment (Hand, Foot, Eye or Digit)	\$1,000
Partial Loss of Digit	\$ 500

PART D: MANDATED BENEFITS

Certain benefits are required by law in Louisiana. They include Cleft Lip and Cleft Palate coverage, Pap Test and Mammography coverage, Transliterator Services coverage, Dependent Children Immunization coverage, and Attention Deficit Hyperactivity Disorder coverage. See the Master Policy for a complete description of these coverages.